

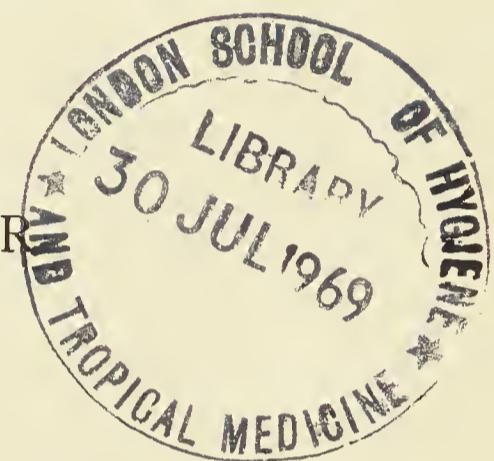
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**ELEVENTH**

**ANNUAL REPORT**

OF THE  
SCHOOL MEDICAL OFFICER

TO



**The Education Committee**

OF THE

**SALOP COUNTY COUNCIL.**

**1918.**

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JAMES WHEATLEY, M.D., D.P.H.

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# Medical Staff.

**School Medical Officer :**

JAMES WHEATLEY, M.D., D.P.H.

**Temporary Medical Inspectors :**

FLORA MACDONALD MACDONALD, M.B., Ch.B.  
JANE BOYES, L.R.C.P., L.R.C.S. (Part-time).

## *To the Chairman and Members of the Salop Education Committee.*

LADIES AND GENTLEMEN,

I beg to present my eleventh Annual Report as Medical Officer to the Salop Local Education Authority.

This is the last School Report covering a period of the war.

In accordance with instructions of the Board of Education and of the Education Committee, the report is cut down to the smallest possible dimensions compatible with the maintenance of due continuity.

Matters of great general interest which have been repeated in past years are this year omitted, and the remarks are almost entirely confined to the actual work of the year.

Although the statistics are much curtailed, there is all the material in the office for instituting full inquiries at any future time.

It is hoped that the next report will record the establishment of complete schemes for medical, nursing and dental services.

These should be brought into operation as early as possible, and improvement in the physical training, school environment and teaching of hygiene should be advanced in every way practicable.

Sir George Newman in his report for 1916 lays down as the irreducible minimum :—

- (i.) That every child shall periodically come under direct medical and dental supervision, and if found defective shall be "followed up";
- (ii.) That every child found mal-nourished shall, somehow or other, be nourished, and every child found verminous shall, somehow or other, be cleansed;
- (iii.) That for every sick, diseased, or defective child, skilled medical treatment shall be made available, either by the Local Education Authority or otherwise;
- (iv.) That every child shall be educated in a well-ventilated schoolroom or classroom, or in some form of open-air schoolroom or classroom;
- (v.) That every child shall have, daily, organised physical exercise of appropriate character;
- (vi.) That no child of school age shall be employed for profit except under approved conditions;
- (vii.) That the school environment and the means of education shall be such as can in no case exert unfavourable or injurious influences upon the health, growth, and development of the child.

The present report deals almost entirely with the results of inspection. Recommendations for future action will be brought up in special reports.

On account of the limited medical services available, systematic inspection of school children was given up during the year, and attention was entirely confined to examination of children picked out by the teachers or Medical Inspectors and to following up of the children previously found to be defective. By adopting this course it has been possible to maintain the amount of treatment at a pre-war level.

I am, Ladies and Gentlemen,  
 Your obedient Servant,  
 JAMES WHEATLEY,  
 County Medical Officer of Health,  
 and School Medical Officer.  
*County Buildings,  
 Shrewsbury,  
 March, 1919.*

### **AREA COVERED BY THE SALOP LOCAL EDUCATION AUTHORITY, NUMBER OF SCHOOLS, DEPARTMENTS, AND CHILDREN ON REGISTER.**

The area covered by the Salop Education Authority comprises 858,277 acres, and had a population at the 1911 census of 201,673. It is co-terminous with the Administrative County with the exception that the Borough of Shrewsbury is not included. The number of Schools is 293, comprising 354 departments. The number of children on the registers necessarily varies from time to time to some extent. On December 13th, 1918, it was 31,962.

### **HYGIENIC CONDITION OF SCHOOLS.**

Structural alterations for the improvement of health conditions have been limited mostly to matters urgently required.

There are many improvements that should be effected as soon as a suitable opportunity arises. After ten years medical inspection there are still a large number of schools in which the ventilation, heating, and lighting, and the lavatory, cloakroom and sanitary accommodation are quite unsatisfactory. The methods hitherto adopted for bringing about the necessary improvements have not proved efficient.

The practical limitations to capital expenditure still existing make it all the more necessary that every effort should be made by managers, teachers, and school cleaners to maintain the schools in as sanitary condition as possible. It is particularly important that the floors and walls of the schools should be washed more frequently than usual.

### **ARRANGEMENTS MADE FOR MEDICAL INSPECTION.**

The general arrangements described in my reports for 1909 and 1912 have continued through out the year.

It has not been possible owing to the depletion of medical services to continue to the full the inspection made up to the end of 1915.

During the year 1918, 59 school departments were not inspected.

During the year 1918 routine inspection of code groups was dropped and the work was confined to re-examination of cases previously found defective and to the examination of the cases picked out by the teachers, Medical Inspectors, and nurses as appearing to be defective. The nurses and teachers were asked to specially look out for any signs of defects, and the teachers conducted a preliminary examination into the eyesight of all children of seven years of age and over.

SCHOOL NURSES.—Seventy-seven nurses have been employed in connection with 214 school departments ; 67 of these nurses are working for Associations connected with the Shropshire Nursing Federation, 5 are nurses employed by other Associations or by private persons, 2 are working on their own account, and 3 are employed by the Lady Forester Trust in the Borough of Wenlock.

The number of children in schools provided with nurses is now 19,342.

On the whole, the scheme has worked satisfactorily, and has proved very beneficial.

Two whole time school nurses have been appointed to deal, so far as possible, with some of the schools not hitherto provided with nurses.

VOLUNTARY HELPERS.—(see remarks page 8, report for 1914). In addition to the list given, the following schools are without helpers :—Hopton Wafers, Ightfield, Lineal, Wombridge C.E., Cainham, Dudleyton, Moreton Corbet, Munslow, Aston, Lady F. Lloyd's, Stockton, Norton, and Stoke-upon-Tern.

TEACHERS, ATTENDANCE OFFICERS AND SCHOOL ATTENDANCE.—(see page 9, report for 1914). The teachers have continued to afford great help in the work of medical inspection, and as the work of inspection has become less complete, their help has become even more valuable and essential.

## **EXTENT AND SCOPE OF THE MEDICAL INSPECTION CARRIED OUT IN THE YEAR 1918.**

TABLE 1.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1918, TO 31ST DECEMBER, 1918.

A—"CODE" GROUPS.

NONE.

B—GROUPS OTHER THAN "CODES."

		Special cases.	Re-examinations.
Boys .. .. ..		2197	2246
Girls .. .. ..		2179	2350
Totals ..		4376	4506

The total number of children examined was 8,972, as compared with 11,847 or a decrease of about 24 per cent.

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION, 1918.

Defect or Disease	Specials.			Re-examinations.			Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Specials and Re-examinations.		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)				
	Open	Closed	Total	Open	Closed	Total	Open	Closed	Total	Open	Closed
Malnutrition	..	..	3	49	..	49	..	2	2	..	..
Uncleanliness : Head	..	..	..	..	..	..	..	..	..	..	..
Body	..	..	..	..	..	..	..	..	..	..	..
Ringworm :	Head	..	66	2	68	..	..	1	9	..	..
Body	..	..	16	16	1	..	..	9	9	..	..
Scabies	..	..	10	..	11	..	..	1	9	..	..
Impetigo	..	..	27	2	29	..	..	13	1	..	..
Other Disease	..	..	19	1	20	..	..	55	4	..	..
Defective Vision and Squint	..	..	1019	44	1063	3	266	113	12	125	9
External Eye Disease	..	..	29	1	30	1	26	11	18	11	11
Defective Hearing	..	..	20	1	21	15	..	15	2	2	..
Ear Disease	..	..	41	4	45	9	..	9	7	48	4
Dental Disease	..	..	177	4	181	13	..	13	93	..	..
Enlarged Tonsils	..	..	157	6	163	239	4	243	9	17	..
Adenoids	..	..	85	3	88	279	2	281	18	23	..
Enlarged Tonsils and Adenoids	..	..	152	9	161	184	1	185	10	162	..
Defective Speech	..	..	3	..	3	45	1	46	..	4	..
Heart Disease : Organic	..	..	2	..	2	..	..	1	..	14	3
Functional	..	..	5	..	5	95	..	72	1	33	4
Anaemia	..	..	92	3	4	..	..	25	..	84	3
Pulmonary Tuberculosis : Definite	..	..	4	..	1	45	..	1	1	..	..
Suspected	..	..	44	..	13	2	..	68	..	16	..
Chronic Bronchitis	..	..	..	..	15	58	3	61	5	17	..
Other Disease	..	..	..	..	2	..	..	2	1	..	..
Epilepsy	..	..	..	..	8	..	..	8	4	..	..
Chorea	..	..	..	..	2	..	..	2	4	..	..
Other Disease	..	..	..	..	5	..	..	5	1	..	..
Non-Pulmonary Tuberculosis : Glands	..	..	..	..	..	..	..	..	..	..	..
Bones and Joints	..	..	9	..	..	9	..	..	..	..	..
Other Forms	..	..	3	..	3	..	..	..	..	..	..
Rickets	..	..	1	..	1	..	..	..	..	..	..
Deformities	..	..	22	..	22	31	..	..	..	..	..
Other Defects or Diseases	..	..	122	6	128	195	..	..	..	..	..
							35	132	3	154	9
									163	..	..
										327	14
											341

In the absence of systematic inspection no percentages of defect can be stated.

EYESIGHT.—No less than 1,550 eye defects were discovered during the year; 1,464 were defects of vision and squint and 86 external eye disease. 1,385 of these defects were found amongst children picked out by the teachers after an examination with Snellens types or by the nurses or Medical Inspectors. The remainder were amongst children found defective in previous years.

The number 1,550 corresponds with 1,014 during the previous year.

DEFECTS OF NOSE AND THROAT.—The number of children found with defects of the throat and referred for treatment was 449, compared with 478 in 1917. Of these, 172 were suffering from enlarged tonsils, 106 from adenoids, and 171 from both enlarged tonsils and adenoids. On the whole this must be considered satisfactory.

TEETH.—There are no statistics available with regard to the teeth for the year 1918.

In the absence of any facilities for treatment only 279 children were referred for treatment.

The preservation of our teeth is at last being recognised as a matter of supreme national importance.

A Departmental Committee appointed to inquire into "The Extent and Gravity of the Evils of Dental Practice by Persons not Qualified under the Dentists Act" has come to the following conclusion:—

"In conclusion, we wish to state very strongly that, in our opinion, the State cannot afford to allow the health of the workers of the nation to be continuously undermined by dental neglect. Steps should be taken without delay to recognise dentistry as one of the chief, if not the chief, means for preventing ill-health, and every possible means should be employed for enlightening the public as to the need for conservative treatment of diseased teeth. The dental profession should be regarded as one of the outposts of preventive medicine, and as such encouraged and assisted by the State. Treatment should be rendered available for all needing it."

There are two ways in which this problem should be attacked—

(1) By more physiological methods of living. This is the true prevention.

(2) By conservative dental treatment. This aims at detection of disease in its earliest stages and preventing spread.

The two methods should be worked side by side. Prevention by physiological methods has been one of our chief objects for the last ten years, and now with greatly increased facilities our efforts should be re-doubled.

Conservative dental treatment for school children is the subject of a special report now under consideration. In my last year's report I said:—

"The work of the prevention of dental caries is being steadily pushed forward by teaching in the schools, and in the homes by health visitors. I am coming to the conclusion that of all the rules for the prevention of caries of the teeth, the most important is—'do not drink at meal times.' If this rule is observed, food must be thoroughly masticated, and a good flow of saliva will be obtained. The food will be well mixed with saliva and will be in a condition not liable to stick to the teeth. Moreover, with a free flow of saliva, and with thorough working of the jaws, saliva will be forced between each tooth and into the crevices. The universal teaching of this simple rule would, I am convinced, do a very great deal towards the prevention of dental caries."

For a description of the measures taken for the prevention of dental caries and for the rules to be observed, reference must be made to pages 31 and 32 of the Annual Report for 1914.

#### TUBERCULOSIS.

Cases of phthisis amongst school children during the year were discovered in one of two ways: either in the examination of children referred by the teachers and nurses or picked out by the Medical Inspectors or of children belonging to phthisis houses, all of whom are systematically examined by the medical inspectors.

Under the latter arrangement 271 children were referred for examination. One hundred and forty-two have not yet been examined, 36 were suspicious of consumption, and in 93 there were no physical signs. Amongst children picked out by the teachers, nurses or medical inspectors, 14 were referred to the Tuberculosis Officer for further examination. Three were reported as suspicious of phthisis, 6 as showing no signs of tuberculosis, and 5 have not yet been seen.

*Other Forms of Tuberculosis.*—Twenty cases were found amongst the children examined.

Thirty-five children of school age belonging to this County, suffering from tuberculosis other than phthisis, were treated during the year in the Shropshire Surgical Home, Baschurch. This does not include cases from the Borough of Shrewsbury.

**DISEASES OF HEART AND RHEUMATISM.**—Enlarged and septic tonsils, rheumatism and heart disease are very closely associated. It is probable that the organism responsible for rheumatism and heart disease usually gains access to the body through the tonsils, and that enlarged and diseased tonsils are a breeding ground for these germs which may gain access to the blood when the body is subjected to any depressing condition. Amongst such depressing conditions in school children, the most common and most injurious is sitting in wet boots and wet clothes. A similar low condition of the body is probably brought about by sitting for considerable periods in schoolrooms at a very low temperature. The lack of ventilation of the schoolroom and of the sleeping room at home are probably important factors in bringing about the condition of throats favourable to the growth of the harmful organisms.

It follows from these remarks that for healthy school conditions one must have provision for drying clothes, for the substitution of dry slippers for wet boots, and for the adequate warming and ventilation of the schoolrooms. Many of the schools are very inadequately warmed, and I am confident that much ill health is in consequence produced, particularly amongst the ill-fed and insufficiently clothed children. In such schools an attempt is always made by closing all the windows, to minimise the discomfort produced by insufficient heating.

With a more fully equipped medical staff it will be possible to look into the adverse conditions more carefully and to make recommendations for remedying them.

A pamphlet dealing with rheumatism has been drawn up for the guidance of parents and teachers.

**RINGWORM.**—Of the children examined 77 were found to be suffering from ringworm of scalp.

In addition, 246 cases have been notified by the teachers. These were not usually based on medical opinion.

Examination of hairs was made by the Medical Inspectors in 335 cases—170 positive, 164 negative and 1 doubtful.

Hairs were submitted to Birmingham University, with 33 positive results, and 56 negative results.

When authorised by the School Medical Officer, children suffering from ringworm are now admitted to school, if the parent undertakes to carry out certain stringent precautions. It is also an essential condition of admission that the teacher shall undertake to see that the precautions are carried out. Ten children attended school under these conditions.

It is not anticipated that this procedure will increase the spread of ringworm in the schools, and in many instances it will certainly bring about a better treatment of the cases.

The treatment by X-rays is now under consideration.

VERMINOUS HEADS.—There is evidence that a higher standard of cleanliness is being brought about, particularly where there are school nurses.

The instructions now to the school nurses are to examine the heads of the children each term, that is three times a year, and to follow up the verminous children so as to get them clean before the end of the term. The inspection in the following term is to be begun *de novo*. If instructions had been carried out there would have been 590 primary inspections and about 1,700 following up inspections in the year. So far as the returns show, there appear to have been 726 primary inspections and 1,147 following up inspections. At the primary inspections 56,214 children were examined and 6,666 were found verminous, or a percentage of 11.9.

These figures compare with 48,812 children examined in 1917, of whom 5,703 or 11.7 per cent. were verminous.

The following figures show the results of the examination of heads by school nurses. It must be remembered that on the second and subsequent inspections only those found verminous or absent at previous inspections are examined.

*First Inspection.*—Number examined 56,214. Verminous 6,666.

*Subsequent Inspections.*

	2nd inspection.	3rd inspection.	4th inspection.	5th inspection.	6th inspection.
Verminous ..	.. 4061	2043	927	421	194
Absent ..	.. 755	519	308	80	41

In interpreting these figures it must be borne in mind that in some schools a third inspection was not made, and in many there was no fourth or fifth inspection, so that the apparent decrease of verminous conditions is greater than the real decrease.

The number of children absent at the inspections was considerably less than in 1917.

TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN DURING 1918.

CONDITION.	No. of defects found for which Treatment was considered necessary.			No. of defects for which no report is available	No. of defects treated.	Results of Treatment.			Doctor consulted, but no treatment advised.	No. of defects not treated.	Percentage of defects treated.
	From previous year.	New.	Total.			Re-medied.	Improved.	Un-changed			
Defects	2	..	2	..	2	..	2	..	..	..	100.0
Respiratory and Throat	718	585	1303	402	393	289	26	78	52	456	30.2
External Eye Disease	6	30	36	14	19	9	9	1	..	3	52.8
Internal Eye Disease	50	45	95	30	55	17	20	18	..	10	57.9
Teeth	58	256	314	176	64	50	14	..	7	67	20.4
Heart and Circulation	24	127	151	70	65	4	47	14	1	15	43.0
Lungs	27	81	108	24	61	..	21	40	16	7	56.5
Nervous System	8	9	17	3	14	..	1	13	..	..	82.4
Urine	172	166	338	98	240	173	19	48	..	..	71.0
Urinary Defects	..	2	2	2	..	..	..	..	..	..	..
Deformities	54	27	81	14	47	1	22	24	2	18	58.0
Tuberculosis—Non-pulmonary	..	..	..	..	..	..	..	..	..	..	..
Pulmonary	14	18	32	4	27	1	8	18	..	1	84.4
Deafness	..	2	2	1	..	..	..	..	..	1	..
Intellectual Condition	..	3	3	1	2	..	..	2	..	..	66.6
Constitution and Squint	839	1285	2124	620	868*	526	229	113	58	578	40.9
Deafness	14	20	34	18	10	1	4	5	2	4	29.4
Cellaneous	47	169	216	75	98	25	39	34	9	34	45.4
Total	..	2033	2825	4858	1552	1965	1096	461	408	147	1194
											40.4

\* 696 of these have glasses.

TABLE V.—INSPECTION, TREATMENT, &amp;c., OF CHILDREN DURING 1918.

(1)	The total number of children medically inspected .. .. .. ..	8972
(2)	The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) .. .. ..	1752
(3)	The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) .. ..	2294
(4)	The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc) .. .. .. .. ..	1833

## FACILITIES FOR TREATMENT PROVIDED BY THE COUNTY COUNCIL.

*At Hospitals—*

(1) For Eye, Ear, and Throat Defects—letters of recommendation provided for :—

Eye, Ear and Throat Hospital, Shrewsbury.

Birmingham and Midland Eye Hospital, Birmingham.

North Staffordshire Infirmary, Stoke-on-Trent.

(2) For Deformities :—

*At Baschurch Surgical Home—*

For tuberculous cases—whole cost paid under tuberculosis scheme.

For other deformities—whole cost paid below school age. Children of school age—the Institution receives the grant for special schools, and any public payment for patients is made through the Guardians.

*At Clinics—*

Eye Clinic at Oswestry—1/- paid by parents towards cost in each case.

Clinics for minor ailments at Oswestry and Oakengates.

There are also facilities at Broseley Hospital in connection with the Lady Forester Trust for the treatment of defects of eyes, ears, throat and teeth.

## DETAILS OF TREATMENT RECEIVED AT THE HOSPITALS AND CLINICS.

*Treatment received at the Eye, Ear and Throat Hospital for Shropshire and Wales, Shrewsbury, during the year, on Recommendation supplied by the County Council.—Three hundred and seven letters of recommendation were supplied and 285 of them have been used.*

The 22 letters of recommendation not used will be used in 1919.

The results of treatment, so far as re-inspection has gone, are very satisfactory.

Of the 285 children who have had treatment, 208 were for eye defects, 70 for throat defects, and 5 for ear defects, and 2 children received treatment for both eyes and throat defects.

EYE DEFECTS.—Fifty-three of the 210 children have been re-inspected :—

- 41 have obtained glasses with satisfactory results.;
- 11 have obtained glasses but defects are unaltered ;
- 1 other treatment than glasses prescribed.

One hundred and fifty-seven children have not yet been re-inspected, but information shows that :—

- 138 have obtained glasses ;
- 12 other treatment than glasses prescribed ;
- 4 no treatment advised ;
- 3 result of visit not known.

THROAT AND NOSE DEFECTS.—Fourteen of the 72 children have been re-inspected. All these have been operated on with satisfactory results. Of the 58 not yet re-inspected, information shows that 50 have been operated on ; 3 have received other treatment ; 2 are waiting for vacancies, and 3 children visited the hospital but no treatment was advised.

EAR DEFECTS.—The 5 cases have received treatment ; one case improved ; in 4 cases the results are unknown.

*Treatment received at the North Staffordshire Infirmary, Stoke-on-Trent, during the year, on recommendations supplied by the County Council.*—Nineteen letters of recommendation were supplied, and 18 of them have been used.

All the children were suffering from eye defects ; 12 have been re-inspected :—

- 10 have obtained glasses with satisfactory results ;
- 2 were not advised treatment, the vision having improved.

Six of the children have not been re-inspected, but information shows that :—

- 4 have obtained glasses ;
- 2 have visited the hospital, the result not yet being known.

*Treatment at Baschurch Surgical Home.*—Seventy-nine children of school age belonging to the Education County were treated during the year. The children were treated for the following conditions :—

Tuberculous Bones and Joints.	Rickets.	Deformities from Poliomyelitis.
35 Scoliosis.	3 Other Deformities.	17 Other Diseases.
5	8	11

*Treatment at Oswestry Eye Centre.*—Twenty-three cases were treated up to the end of the year. All of them have obtained glasses. Two are reported as remedied and 21 as improved.

*Clinic for Minor Ailments.*—Statement showing cases dealt with :—

	Oswestry.		Oakengates.	
	Number attended.	Number remedied.	Number attended.	Number remedied.
Ringworm .. ..	.. 22	12	15	5
Scabies .. ..	.. 7	5	—	—
Impetigo .. ..	.. 25	25	—	—
Discharging Ears .. ..	.. 4	3	2	—
Verminous Conditions .. ..	.. 12	9	1	1
Other Conditions .. ..	.. 7	6	8	2

The total attendance at Oswestry was 107, and at Oakengates 76.

Statement showing visits of nurses in following up cases to bring about treatment :—

		No. of cases.	No. not visited.	No. seen by Doctor.	Cases to be kept under observation only.	Total visits.
District Nurses ..	..	2554	155	1014	133	5431
Two whole-time Nurses .. (appointed in May).		753	9	427	432	2420
		3307	164	1441	565	7851

*Action taken to detect and prevent Infectious Diseases, including reference to action under Articles 45 (b), 53 (b), and 57 of the Code of 1912.*

A description of the scheme of notification of infectious disease from schools and of the measures taken to prevent the spread of infectious disease was given on pages 44, 45 and 46 of the report for 1914.

Under Article 53 (b), 411 children have been excluded from school for infectious disease and other conditions :—

114	on account of impetigo.
169	ringworm of scalp.
14	ringworm of body.
42	scabies.
21	verminous conditions.
5	suspected phthisis.
31	diagnosed phthisis.
1	chicken-pox.
7	mumps.
7	various causes.

School closure has been effected entirely under Article 45 by the School Medical Officer either on information obtained direct from the school, or on the advice of the District Medical Officer of Health. Under this Article, 539 schools were closed for the following reasons :— 42 for measles, 43 for whooping cough, 2 for scarlet fever, 8 for chicken-pox, 21 for mumps, 419 for influenza, and 4 for other causes.

#### REVIEW OF THE METHODS ADOPTED AND THE ADEQUACY OF SUCH METHODS FOR DEALING WITH BLIND, DEAF, MENTALLY OR PHYSICALLY DEFECTIVE AND EPILEPTIC CHILDREN UNDER THE ACTS OF 1893 AND 1899.

A numerical return of all exceptional children in the area was made in the report for 1914. The information is not available for this report.

Two blind children and 3 deaf and dumb children were sent to special schools.

Examination of the mentally defective children has fallen much behind, but it is hoped it will be possible shortly to deal with them more efficiently.

#### TEACHING OF HYGIENE, OPEN AIR SCHOOLS.

For the general remarks on these subjects reference must be made to the report for 1914.

OPEN AIR SCHOOLS.—An open air school is now provided in connection with the Shropshire Surgical Home, Baschurch. At this Home cases of surgical tuberculosis and other deformities

are treated. The County Council make themselves responsible for the payment for tuberculous cases. The payment for the other cases is made mostly through the Guardians. The Boards of Guardians take very different views of their responsibilities in this respect, and much delay in the treatment often results. It is within the power of the Education Committee to pay for the maintenance of children in this Home, as a special school and I consider that this course should be adopted. The present method of relying on the Guardians for payment is not satisfactory.

The following paragraphs are taken from the report for 1917 :—

Just before the war a plan for a new elementary school on the open air principle had been got out. It is to be hoped that after the war no other kind of school will be erected. The application of the principle of open air schools in general is infinitely more important than the provision of special open air schools. As stated in last year's report :—" Teachers should be encouraged to hold open air classes when the weather permits where there is a playground suitable for the purpose. A covered playing shed, or the shelter of a spreading tree will frequently provide all the protection that is required. The provision of a suitable shed in connection with the schools, where otherwise open air teaching is impossible, is worth consideration."

" It is most important, however, that the ordinary schoolrooms should be so constructed that in suitable weather by throwing all the windows open they become practically open air classrooms. This is the important aim that should be constantly kept in view."

### **PHYSICAL TRAINING.**

Efficient physical training, including remedial exercises for the abnormal, is one of the most important parts of the hygiene of school life. It should bring about *improvement of every child*, and often in a very marked manner. It should also form an important part of remedial treatment of deformities, and should be properly linked up with this branch of orthopaedic work.

I have had opportunities of discussing this matter with Medical Officers of the Board of Education, with an Inspector of Military Massage Service under the War Office, and with Miss Hunt, Superintendent of the Baschurch Home.

As a result I strongly advocate a complete scheme for the County on the following lines :—

- (1) The first step should be the appointment of organisers of physical instruction, to instruct the school teachers, and to supervise the physical exercises in the schools. The instruction of the teachers would be partly through classes and partly by demonstrations at the schools. The organisers would also help the teachers to pick out children who need to be referred to centres for special exercises, massage, electrical treatment, etc.
- (2) These special exercises or special treatment should be conducted at centres where a nurse trained in orthopaedic work, and in massage and in electrical treatment should be in attendance. Such centres should be specially fitted up with proper apparatus and be under medical supervision.

These centres could probably be developed in connection with the Baschurch After-care scheme, and the Medical Officers to be employed in the Medical Inspection and Child Welfare scheme could give the necessary medical supervision. I attach considerable importance to medical inspectors having medical supervision of these centres, as it is essential that they should know what is going on and what can be done for the children. In this way they are likely to be much more useful in the schools in picking out children requiring treatment and in advising the teachers on physical exercises.

- (3) For a commencement, centres might be formed at Shrewsbury and Wellington, and further centres formed in accordance with the experience gained. One nurse could work the two centres.
- (4) The centres should deal with children below school age as well as children of school age. The advisability of this combination is obvious, and as time goes on it is hoped that most deformities will be dealt with below school age.

Such a scheme when fully developed would effectively deal with physical training in our schools. The physical training of the ordinary child on physiological lines would be undertaken in the schools partly by the organisers direct, but mostly by the teachers under direction by the organisers, and under the medical guidance of the medical inspectors.

The defective children requiring special remedial exercises and treatment would be picked out by the organisers and by the teachers, and by the medical inspectors. These would be referred to the centres, where they would come under the care and treatment of the nurses provided by the orthopaedic hospital, and under the medical supervision of the medical inspectors.